

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16421

State File No.

Registrar's No. 4779

JUN 4 1943

318

Registration District No.

Primary Registration District No.

1003

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Christian Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME Earl Mueller

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased May 22, 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
10 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name Fred J. Mueller

13. Birthplace Chicago Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Mildred Wheeler

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Mueller

(b) Address 4888 Calvin

17. (a) Burial (b) Date thereof May 24, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Stroot Carroll

(b) Address 4600 Natural Bridge

19. (a) MAY 24 1943 (b) J. F. Bredeck
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4888 Calvin
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
year 1943 hour 7:00 minute 10 M.

21. I hereby certify that I attended the deceased from
10 hours to....., 1943

that I last saw him alive on May 22
and that death occurred on the date and hour stated above.

Immediate cause of death.....

bone pneumonia

Due to..... 2 drophthine

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place)

23. Signature Cordeia Luckett (M, D. or other).....

Address 3827 Cottage Date signed.....

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
.....Registered Apprentice No.....
working under my personal supervision.

Signed.....

Sheldon Collier

Licensed Embalmer No.....

3382

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.